

UNITED STATES DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA CAND 435 (CAND Rev. 08/2018)				TRANSCRIPT ORDER Please use one form per court reporter. <i>CJA counsel please use Form CJA24</i> Please read instructions on next page.						COURT USE ONLY DUE DATE:					
1a. CONTACT PERSON FOR THIS ORDER Engel Negrete				2a. CONTACT PHONE NUMBER (415) 394-9400				3. CONTACT EMAIL ADDRESS Engel.Negrete@jacksonlewis.com							
1b. ATTORNEY NAME (if different) Benjamin Sharkey, Esq.				2b. ATTORNEY PHONE NUMBER (904) 638-2661				3. ATTORNEY EMAIL ADDRESS Benjamin.Sharkey@jacksonlewis.com							
4. MAILING ADDRESS (INCLUDE LAW FIRM NAME, IF APPLICABLE) Jackson Lewis P.C. 501 Riverside Avenue, Suite 902 Jacksonville, FL 32202				5. CASE NAME Champion v. Amazon						6. CASE NUMBER 18-cv-05222					
				8. THIS TRANSCRIPT ORDER IS FOR:											
7. COURT REPORTER NAME (FOR FTR, LEAVE BLANK AND CHECK BOX)→ <input type="checkbox"/> FTR Marla F. Knox, RPR, CRR				<input type="checkbox"/> APPEAL <input type="checkbox"/> CRIMINAL <input type="checkbox"/> In forma pauperis (NOTE: Court order for transcripts must be attached) <input type="checkbox"/> NON-APPEAL <input checked="" type="checkbox"/> CIVIL CJA: <u>Do not use this form; use Form CJA24.</u>											
9. TRANSCRIPT(S) REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested), format(s) & quantity and delivery type:															
a. HEARING(S) (OR PORTIONS OF HEARINGS)				b. SELECT FORMAT(S) (NOTE: ECF access is included with purchase of PDF, text, paper or condensed.)					c. DELIVERY TYPE (Choose one per line)						
DATE	JUDGE (initials)	TYPE (e.g. CMC)	PORTION <small>If requesting less than full hearing, specify portion (e.g. witness or time)</small>	PDF (email)	TEXT/ASCII (email)	PAPER	CONDENSED (email)	ECF ACCESS (web)	ORDINARY (30-day)	14-Day	EXPEDITED (7-day)	3-DAY	DAILY (Next day)	HOURLY (2 hrs)	REALTIME
06/28/2019	MMC	MTC		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6-21-19				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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10. ADDITIONAL COMMENTS, INSTRUCTIONS, QUESTIONS, ETC:															
ORDER & CERTIFICATION (11. & 12.) By signing below, I certify that I will pay all charges (deposit plus additional).														12. DATE	
11. SIGNATURE /S/ Benjamin Sharkey														07/09/2019	

Clear Form

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